

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	APPLICANT(S)
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AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL					

MAILED USE ADDITIONAL CLAIMS OR AMENDMENT